



\*L28561\*

**CREDIT CARD BILLING AUTHORIZATION**

I request and authorize the Company to charge my Visa®/MasterCard®/Discover® account electronically, or by any other commercially accepted method, for payment to the Company of: (1) an amount equal to premiums (initial and/or renewal premiums) for the proposed policy and amount of life insurance applied for on the application to which this authorization is attached and/or any premiums that subsequently become due on any policy(ies) issued based on that application as indicated below and/or; (2) premiums due under any other policies identified below (together hereinafter the "Policy").

I agree that the use of this method of payment does not alter any Policy provision. The Company agrees to accept this authorization as it would a check or draft provided it is honored when first presented. I agree that if this authorization applies to an application for new life insurance, that coverage, if any, will only become effective as defined in the application or the receipt attached to the application, if issued.

- 1) The effective date of this premium payment plan (the "Plan") for the Policy will be the Policy date if it applies to a new Policy, otherwise it will be determined by the Company. The premium payment frequency will be as elected below.
- 2) The first charge will be made on or about the Policy date for a new Policy. Subsequent charges will be made on or about the same day of the month at the frequency checked below. In the event a charge is inadvertently not made, the Company may charge the account at a later date.
- 3) If the Policy has been backdated to save age, the Company may bill up to six (6) additional premiums to this account as necessary.
- 4) Should circumstances require that a new credit card account number be assigned, this authorization is intended to apply and will continue in effect with respect to the new account number when it is provided by you or by the issuing bank to the Company.
- 5) This authorization will remain in effect until it is terminated by the accountholder or by the Company upon 30 days advance written notice to the other party. In addition, the Company may immediately terminate this Plan if any charge is not honored upon presentation.
- 6) If this Plan is terminated, Policy premiums will be timely payable directly to the Company and will be determined on the basis of the Company's premium rates applicable to the Policy for the billing method and frequency elected by the policyowner from those permitted by the Company. Premium notices will be sent to the policyowner's address on record with the Company at that time, or to an alternate address as specified in advance by the policyowner.
- 7) I further authorize the Company to adjust the amount of the charge to my account to correspond to any periodic changes in the payment due under the terms of the Policy.

POLICY NUMBER	INSURED NAME																									
_____	_____																									
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CREDIT CARD INFORMATION	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 30%;">OPTION</th> <th colspan="4">PAYMENT FREQUENCY (CHECK ONE ONLY)**</th> </tr> <tr> <td></td> <th>ANNUAL</th> <th>SEMI-ANNUAL</th> <th>QUARTERLY</th> <th>MONTHLY</th> </tr> <tr> <td>INITIAL &amp; RENEWAL</td> <td>N/A</td> <td></td> <td></td> <td></td> </tr> <tr> <td>RENEWAL ONLY</td> <td>N/A</td> <td></td> <td></td> <td></td> </tr> <tr> <td>*INITIAL PREMIUM ONLY</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	OPTION	PAYMENT FREQUENCY (CHECK ONE ONLY)**					ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY	INITIAL & RENEWAL	N/A				RENEWAL ONLY	N/A				*INITIAL PREMIUM ONLY				
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CARD TYPE:    Visa <input type="checkbox"/>																										
Master Card <input type="checkbox"/>																										
Discover <input type="checkbox"/>																										
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Credit Card Account Number	Expiration Date																									
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	Phone Number																									
<b>For premium billing service regarding the policy, please contact your agent or North American Company at (877) 872-0757.</b>																										
You may request to receive notice if your charge will differ from the previous charge .																										